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Malignant disease of the female generative organs is a surprisingly common as well as disastrous affection. It probably occurs in this region oftener than in any other part of the human body. As in all other parts of the body the disease is originally a local one, and is as amenable to treatment in just that ratio in which it is discovered, prior to having passed certain anatomical limits. When it has progressed beyond certain stages the disease becomes incurable either medicinally or surgically, whether it be carcinoma or sarcoma. The sarcomatous diseases of the pelvic organs differ in great measure from the carcinomata both as to the rapidity of their development and the prognosis. As regards the symptomatology of the two affections they are practically the same and although it is my intention only to deal with cancer of the uterus, still what may be said in regard to cancer of this organ may in great part be applied to its sarcomatous degenerations, especially as regards the symptomatology and treatment. It is conceded on all hands that the only hope of a successful issue in these matters depends essentially upon the stage in which the disease is recognized. It is absolutely necessary if we hope to successfully combat it that we make the diagnosis early—the earlier the greater the chance of success, which is after all limited.

Cancer of the uterus is particularly insidious in its development for the reason that it is situated in a portion of the body beyond the reach of the eye and a portion of the body which the bulk of medical men seem adverse to investigating thoroughly and from a common sense view. Further the early symptoms of malignant disease of the uterus are of such a char-

acter as to be easily confounded with conditions to which almost all women who have sustained sexual relations and borne children are liable, sometime or other in their lives—namely pain, bleeding, or vaginal discharges, or any combination of them. However, an association of these three symptoms, together with a progressive loss of flesh and strength, a cachexia and family history of cancer, make a clinical picture at certain stages of the disease which becomes unmistakable.

If the physician waits for the disease to manifest itself so emphatically, in a very large proportion of cases, he allows the disease to progress to an incurable stage. It is only when cancer of the uterus is practically incurable that it presents a perfectly clear and typical clinical picture symptomatically. The three symptoms mentioned are the principal ones involved in this condition. Where the disease invades the cervix uteri, pain is always a late symptom, the rule being for it not to develop to any great degree until the disease has advanced to the more sensitive tissues in the neighborhood of the internal os. In fundal cancer the disease frequently passes to its incurable stage without this symptom developing to any greater extent than the backache, to which any woman is liable throughout menstrual life, a backache to which she may not consider it worth while to call the attention of her physician. In the earlier stages of the disease, pain is an exceeding rare and insignificant symptom, and even if it exists, its real cause is so dubious that no reliance whatever can be placed upon it. When the disease reaches its later stages it is one of the most distressing factors in the case.

Discharges in women are so common and vary so in character that in the early stages of the disease they are not of a great deal of importance. The character of the discharge accompanying malignant disease is watery, and should theoretically be exceedingly valuable in aiding one to at least suspect the developing condition. These discharges are however so frequently obscured by discharges from other and more innocent causes that little attention is paid to them until something else has caused a suspicion of the true state of affairs. Bleeding is a common symptom of malignant disease of the uterus. Naturally, however, this symptom cannot manifest

itself until the stage of ulceration has been reached. When this stage of the disease is reached little time is to be lost or it will pass, if it has not already done so, into an incurable condition. By the time cachexia has appeared the disease is usually beyond help. Oftentimes the first suspicion that one has of the presence of this dread disease is the beginning emaciation and unaccountable weakness. These conditions very frequently occur before any of the symptoms already mentioned have manifested themselves.

Cancer of the uterine organs at least, is not, as has in the past been believed and taught, a disease of middle life. It occurs as well in a comparatively young woman as in her sister nearing the menopause. Cancer is by no means a rare disease in women of 28 years of age, but it must be admitted that it becomes progressively more frequent as a woman approaches the period of the change of life. The practical bearing of this question is, that with other symptoms pointing to a suspicion of this disease, age should not tempt one to throw cancer out of consideration. In dealing with suspicious and intractable conditions of the uterine organs, especially in women approaching the menopause, cancer should always be uppermost in the physician's mind and should never be forgotten until a careful and searching investigation of the uterus has been made. It is not alone in intractable conditions that cancer may exist, but a woman in apparently perfect health may develop the disease even under a physician's personal supervision, progressing to such a stage that little can be done for its relief before it is suspected.

What I would plead for with the general practitioner is that he exert every effort to demonstrate the existence of the condition sufficiently early to give the gynecologist an opportunity to successfully battle with this uncompromising enemy of womankind. It is essential that physicians systematically examine their gynecological patients on the appearance of any untoward symptoms. If this were done routinely many a case of cancer especially of the cervix uteri would be discovered or at least suspected long before the disease had progressed to that stage when the symptoms became emphasized; and the life of many women would be saved, or rendered comfortable for

months. I would also plead with the general practitioner that instead of condemning a woman as incurable upon the discovery of malignant disease of the womb that he put her in the hands of the nearest competent gynecologist and give her at least a chance for a cure.

Procrastination in these cases is absolutely unjustifiable and he, who suspecting the presence of cancer in the womb of his patient stands in the way of the unfortunate being given the benefit of the only treatment which offers any chance of success, and at a time sufficiently early, will have the death of at least a proportion of these cases on his conscience. When I say sufficiently early, I mean within a few days from the time he first suspects the disease—a delay only sufficiently long to acquaint the friends of the patient with the facts and to communicate with the consultant. Cases are so frequently referred to me for treatment when it is impossible to do anything for their benefit that it would appear as though the importance of this subject had not impressed itself upon the professional mind. For this reason, if for no other, I cannot too strongly urge upon you for the welfare of your patients that you act upon a suspicion, if it be reasonably well founded. To await certainty is often to await inevitable disaster, the disease at time develops so rapidly and insidiously.

As showing that there is no exaggeration in these words, however strong they may appear, I may cite several cases: A young woman about 30 years of age was delivered of a full term child by her physician who assured me that at the time of her confinement there was no evidence whatever of malignant disease of the cervix; nine months later she was referred to me by her attendant with the diagnosis of epithelioma of the cervix, which proved to have progressed to such a stage that both broad ligaments were involved and the case rendered hopeless.

A woman approaching middle life was referred to me from the central part of the state by her physician, for uterine trouble. She complained simply of a slight backache, a slight but unusual and increasing amount of menstrual flow; together with a feeling of general weakness. The uterus when removed was found to be filled with a large mass of malignant proliferation. I might readily multiply examples

of this character but these amply exemplify the points I would illustrate.

The diagnosis of cancer of the uterus must often of necessity be problematic. The uterine scrapings seldom give any certain assurance as to the condition in the early stages of the disease which we are considering. A proliferation of the cells lining the utricular gland as shown by the microscope is commonly called adenoma; and is presumed to be a benign affection. If these cells be found to have broken their way through the wall of the glands and to be infiltrating the surrounding tissues *en masse* the disease is called adeno-carcinoma or the common cancer of the fundus. When we consider that the so-called benign adenoma is in many cases merely the first step of the adeno-carcinoma we are justifiable, in view of the rapid development of these diseases, when once they start, in considering them all cancers. Until the cells in the gland have broken their way through into the connective tissue the disease may be benign, but he who acts upon this assumption will lose many patients from cancer. My own belief is that such a thing as benign adenoma of the uterus does not exist—that they are all beginning cancers. So uncertain are pathologists themselves upon this point that it is rare indeed after having given one of these specimens of scrapings from a suspected womb which shows so-called adenomatous change, that you will be able to induce him to commit himself as to its benign condition. So thoroughly unsatisfactory are the pathological reports, that I have come to attach very little importance to them and rely mainly upon the clinical manifestations.

The cervix uteri is readily amenable to inspection, and cancer of this portion of the organ may more readily be early diagnosed. The disease is usually of the epitheliomatous variety and soon breaks down into ulceration. A progressively spreading and deepening ulcer of the cervix is always significant. If the disease be of the scirrhus variety, the infiltration of the cervix, its density and marked contrast to the fundal tissues, together with the pain, loss of flesh and strength, even before ulceration has taken place, are not easily mistaken. When ulceration has taken place and proliferation has begun the most ignorant would hardly mistake the condition. In both

the epithelioma and scirrhus carcinoma of the cervix, the disease is most commonly overlooked from inexcusable lack of examination—more than from any want of knowledge on the part of the attendant.

Where the disease involves the fundus or body of the uterus the diagnosis is much more difficult. A previously regular menstrual function becoming progressively too frequent and too free, without any apparent cause, together with a progressive and unaccountable loss of flesh and strength is extremely suspicious, the more so the nearer the menopause the patient progresses and the more emphatic the family history as regards the existence of cancer. Such a condition amply justifies radical measures, other conditions being first rigorously excluded. This is the more emphatic the closer the woman approaches the menopause. It is too common teaching that the menopause is responsible for all sorts of disturbances and irregularities. It matters little how stormy this function may be, how irregular or unusual, yet the fact that the woman is approaching or is at the time of the change of life seems to be sufficient excuse for physicians to ignore the true condition of affairs, until it is too late.

A stormy or irregular menopause should always be viewed with suspicion as should also a delayed one, and a thorough systematic and proper examination of the uterus be made both from a clinical and pathological standpoint. Even though no sufficiently positive evidence of cancer be found the patient should be carefully watched until the menopause has been established and all the symptoms have subsided. Should the menopause once be fully established and the patient begin subsequently to bleed, the diagnosis practically rests between two conditions; cancer and fibroma. If fibroid tumor be excluded by a digital examination the disease is almost certainly cancerous; and action should be taken on that supposition. In this case it is not necessary to be certain—a suspicion is ample justification for action.

The prognosis of cancer of the uterus should be much more favorable than that of a corresponding disease in other parts of the body. The uterus is practically a polypoid tumor, while the breast, for instance, is to all intents and purposes a sessile

tumor. It seems reasonable that a growth in such a body as the uterus, which has limited and sharply defined attachment to other parts of the body, should have the disease confined within the limits of its own walls, than would an organ like the breast which has an intimate and close relationship at all its points with the surrounding tissues.

Well advanced cervical cancer is more apt to spread beyond the limits of the womb than is that variety which is confined to the fundus. Such is my own experience although it does not seem to have been that of other observers. When the disease has once passed the limits of the womb, be it cervical or fundal, treatment as regards a cure is practically useless. For this reason it is all important that the diagnosis, be made early, so that the treatment may be applied ere it be too late. It is impossible always to say even in a freely moveable womb whether or not the disease has passed the safety line; usually when the womb is immoveable, the broad ligaments or vaginal vault is involved, curative measures are out of question, palliative measures are all that can be considered.

There is but one treatment for cancer; namely the knife. All other treatments have proven inefficient and unreliable. The extent to which the knife should be used is variously recommended but it would seem to me that anything short of complete removal of the organ affected is simply temporizing and inviting a disastrous loss of time. Who to-day would think of removing a portion of the breast affected with the disease? Equally irrational is it to remove a portion of the womb similarly affected. The only operation which can with any excuse be substituted for complete hysterectomy is high amputation of the cervix. When the surgeon has carried out the steps necessary for the performance of high amputation, he has but one step further to go to completely remove the womb. Complete removal is no more difficult, requires not much more time and is not an iota more dangerous to the patient than high amputation. Who is there that would not rather be entirely freed from an organ that has once been invaded with cancerous disease than to have a portion of it remaining in the body; provided, that the whole could have been removed with as little or even a slightly greater risk than the portion?

Statistics show as good immediate results for the completed operation as from the uncompleted one.

The operation of vaginal hysterectomy has to-day approached almost perfection and has a low or lower mortality accompanying its performance, than any other major operation in the body. Personally I have removed over twenty cancerous uteri by the vagina with the use of catgut ligatures without the loss of a single patient. I have removed several uteri through the abdominal incision completely with a like good result. Many other operators have quite as good results. It by no means follows that because these twenty odd patients all made good and speedy recoveries from the operation that there was no return of the disease in the case of some of them. I have not the slightest doubt but that such is the case. Even granting however, that there be a considerable mortality directly from the operation and that there be a considerable proportion of cases in which recurrence takes place, yet one has only to consider that unless the operation had been performed, absolutely all the cases would have died. If only a small proportion of permanent recoveries occur, still each one is a case snatched from the jaws of death, and almost any mortality and proportion of recurrence would justify the procedure.

It is unnecessary for me before such a body as this to dwell upon the horrors of death from cancer. Those of you who have witnessed it will, I am sure, agree with me that it is far better for the patient to die under the knife than to face the natural and absolutely inevitable end. Such would be my own feeling were I to be afflicted with the disease and such would be my feeling in the case of any near relative.

If cancer of the cervix have progressed beyond a curable condition much may be done in the way of palliation by the free use of the curette, scissors and knife. By removing all the broken down degenerated tissue possible, many a woman has had months of relief from her sufferings. I have frequently seen women who had progressed far into the last stages of cancerous degeneration of the cervix almost entirely relieved for three or four months from their bleeding, foul smelling discharges and pain, and in those few months show a gain of many pounds of flesh. Of course the relief is but temporary

but when it is feasible, even this temporary relief is a godsend.

Where nothing further can be done for a patient suffering with cancer of the womb there should not be the slightest hesitation is administering opiates in whatever form found possible and in whatever dose necessary to relieve the atrocious suffering. He who would withhold opium, it makes little difference how large the quantity required, is unworthy of his calling.

Little can be done to control the hemorrhages. The vaginal tampon is the only reliable aid at the time of free gushes of blood.

The discharges cannot be controlled. It is merely possible to render them less foul smelling. The best remedies for this purpose are peroxide of hydrogen, permanganate of potash and chloral. Chloral may either be used in solution or in suppository combined with tannic acid.

I can only reiterate what I have tried to emphasize throughout the whole of this paper, namely: That the only time to cure cancer is early in its development, and that the only sure cure for it is complete remove of the affected organ. For this reason I would again urge upon you all, the vast importance of an early diagnosis in the disease, and a thorough and searching examination of all cases the slightest degree suspicious, calling your attention especially to those women who are suffering from menstrual irregularities immediately before, during or after the menopause.

